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Poster

On File

Part A. Contact Information

Innovation Number: 25

Part B. Commander's Information

On File

Part C. Categorize Your Innovation

Lifestyles

Part D. Share An Innovative Program

Title of **GAMEPLAN** Innovation: Date Submitted: 10/26/2004 **Date Project** 12/01/2003 Initiated:

Background:

Poor lifestyle choices e.g. sedentary habits, high calorie/low nutrient foods, etc. are currently the second leading cause of mortality for Americans. Obesity is reaching epidemic proportions for adults in this country and an increasing concern for children. Medications can treat the symptoms. What was needed at our command was a means to address the cause, the aforementioned lifestyle choices. The purpose of the program is to provide a structure for providers to offer and clients to modify lifestyle choices. Such modification is the initial treatment of choice for many chronic conditions such as diabetes, hypertension, hyperlipidemia and obesity. Resent research has determined that nutritional and activity changes resulting in even modest weight loss can have dramatic health benefits, i.e. the Diabetes Prevention Program found that with a weight loss of about 7% of body weight, approximately 60% of the participants with prediabetes would not go on to develop type 2

Methods:

The program has open enrollment. Potential clients are referred by the primary care manager, consultative staff or other clinic staff. At the initial assessment, clients are assessed for long term weight, health, nutrition and activity goals. At subsequent sessions, short-term goals are made and reviewed. Subsequent sessions are scheduled either weekly or biweekly. These sessions are primarily individual with some small group options. The sessions are either face-to-face or electronic. A newsletter is emailed/mailed biweekly. Tools used in the program include food and activity logs, pedometers and menu planners. Referrals are made as needed/desired by the client. These resources include but are not limited to: registered dietician, personal trainers, mental health, diabetes nurse educator, case managers and tobacco cessation. Intermittently, the program offers seminars to support ongoing lifestyle modifications. Past seminars have included "Food and Mood" and a "Healthy Basket" grocery shopping Workshop. Recently, adolescents have become more involved in the program. These individuals are followed jointly with the dietician.

Results:

First year data incomplete at this time - it will be compiled in December. Results noted from a review of clients from the past 90 days are: Greater than 90% note an increased energy level (increased participation in ADL) Approximately 20% have had a significant change in body size/composition e.g. a loss of >20 pounds, a loss > 7% body fat and/or down a dress size) Newly referred type 2 diabetic has decreased daily blood glucose by 30% within the first 2 weeks of the program. Results highlighted for the presentation will be weight loss, blood pressure, lipid levels, blood glucose and perceived energy level.

Conclusions:

GAMEPLAN is a multidisciplinary, client driven treatment, which builds upon existing programs and personnel. The program holds the promise of great cost savings for treatment centers in

pharmaceutical costs as well as visits and hospitalizations. It is not only cost effective; it is effective for

clients.

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